

<b>ORDER FOR SUPPLIES OR SERVICES</b>										PAGE 1 OF 4																																				
<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> F42600-02-G-0002			<b>2. DELIVERY ORDER/CALL NO.</b> BR30		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004MAY05		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DOA4																																					
<b>6. ISSUED BY</b> TACOM WARREN BLDG 231 AMSTA-AQ-AHPB ED PRESSLEY (586)753-2476 WARREN, MICHIGAN 48397-5000 EMAIL: PRESSLEE@TACOM.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			<b>CODE</b> W56HZV		<b>7. ADMINISTERED BY (If other than 6)</b> DCMA PHOENIX TWO RENAISSANCE SQUARE 40 N. CENTRAL AVENUE, SUITE 400 PHOENIX, AZ 85004-4424  SCD: A PAS: NONE ADP PT: HQ0339			<b>CODE</b> S0302A		<b>8. DELIVERY FOB</b>  <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)																																				
<b>9. CONTRACTOR</b>  HONEYWELL INTERNATIONAL INC 1300 W. WARNER ROAD TEMPE, AZ. 85285-2896  NAME AND ADDRESS  TYPE BUSINESS: Large Business Performing in U.S.			<b>CODE</b> 02LU7		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X IF BUSINESS IS</b> <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED																																				
<b>12. DISCOUNT TERMS</b> Net 30 Days			<b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b> See Block 15																																											
<b>14. SHIP TO</b> SEE SCHEDULE			<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS - COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS P.O. BOX 182381 COLUMBUS, OH 43218-2381				<b>CODE</b> HQ0339		<b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2</b>																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="3" style="width: 10%; text-align: center; vertical-align: middle;"><b>16. TYPE OF ORDER</b></td> <td style="width: 10%; text-align: center;"><b>DELIVERY/ CALL</b></td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="9" style="padding: 5px;">THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>PURCHASE</b></td> <td colspan="11" style="padding: 5px;">Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.</td> </tr> <tr> <td colspan="11" style="padding: 5px;">furnish the following on terms specified herein.</td> </tr> </table>												<b>16. TYPE OF ORDER</b>	<b>DELIVERY/ CALL</b>	<input checked="" type="checkbox"/>	THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.									<b>PURCHASE</b>	Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.											furnish the following on terms specified herein.										
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">NAME OF CONTRACTOR</td> <td style="width: 30%; text-align: center;">SIGNATURE</td> <td style="width: 30%; text-align: center;">TYPED NAME AND TITLE</td> <td style="width: 10%; text-align: center;">DATE SIGNED (YYYYMMDD)</td> </tr> <tr> <td colspan="4" style="padding: 5px;"><input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:</td> </tr> </table>												NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYYYMMDD)	<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:																														
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<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b>  SEE SCHEDULE																																														
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>			<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>																																				
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders																																												
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					<b>24. UNITED STATES OF AMERICA</b> DARYL F. WITTE /SIGNED/ WITTED@TACOM.ARMY.MIL (586)574-7196 BY: _____ CONTRACTING/ORDERING OFFICER					<b>25. TOTAL</b> \$7,490.00																																				
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____																																														
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>					<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>																																							
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>					<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>																																					
<b>f. TELEPHONE NUMBER</b>					<b>g. E-MAIL ADDRESS</b>					<b>31. PAYMENT</b>																																				
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>					<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>																																					
<b>a. DATE (YYYYMMDD)</b>		<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>							<b>34. CHECK NUMBER</b>																																					
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>																																				

Name of Offeror or Contractor: HONEYWELL INTERNATIONAL INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0001	NSN: 2835-01-419-6404 FSCM: 99193 PART NR: 3-500-359-07 SECURITY CLASS: Unclassified				
0001AA	<u>PRODUCTION QUANTITY</u>  CLIN CONTRACT TYPE: Firm-Fixed-Price NOUN: INSERT TRIANGLE PRON: EH3A2576EH PRON AMD: 02 ACRN: AA AMS CD: 060011  NO TECH DATA PACKAGE  MANUFACTURER'S PART NUMBER: 3-500-359-07, (99191) HONEYWELL INT'L  (End of narrative C001)  NO TECH DATA PACKAGE  MANUFACTURER'S PART NUMBER: 3-500-359-07, (99191) HONEYWELL INT'L  (End of narrative C002)  <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING RQMTS CLAUSES LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial  <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W56HZV3268S868 W31G1Z L 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 630 30-JUN-2004  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W31G1Z) XR W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6837 CL V	630	EA	\$ 10.70000	\$ 6,741.00

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN F42600-02-G-0002/BR30 MOD/AMD	Page 3 of 4
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Name of Offeror or Contractor: HONEYWELL INTERNATIONAL INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB	<p>7 FRANKFORD AVE BLDG 380 ANNISTON AL 36201-4199</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> F42600-02-G-0002/BR30</p> <p><u>PRODUCTION QUANTITY</u></p> <p>CLIN CONTRACT TYPE: Firm-Fixed-Price NOUN: INSERT TRIANGLE PRON: EH3RA078EH PRON AMD: 02 ACRN: AA AMS CD: 060011</p> <p><u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING RQMTS IN CLAUSES LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W56HZV3268S869 W31G1Z L 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 70 30-JUN-2004</p> <p>FOB POINT: Origin</p> <p>SHIP TO: <u>FREIGHT ADDRESS</u> (W31G1Z) XR W0L7 ANNISTON MUNITIONS CENTER TRANS OFFICER 256 235 6837 CL V 7 FRANKFORD AVE BLDG 380 ANNISTON AL 36201-4199</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> F42600-02-G-0002/BR30</p>	70	EA	\$ 10.70000	\$ 749.00

Name of Offeror or Contractor: HONEYWELL INTERNATIONAL INC

CONTRACT ADMINISTRATION DATA

PRON/										JOB			
LINE	AMS	CD/	OBLG						ORDER	ACCOUNTING		OBLIGATED	
ITEM	MIPR	ACRN	STAT	ACCOUNTING CLASSIFICATION				NUMBER	STATION	AMOUNT			
0001AA	EH3A2576EH	AA	2	97	X4930AC9D	6D	26KB	S20113		W56HZV	\$	6,741.00	
060011													
0001AB	EH3RA078EH	AA	2	97	X4930AC9D	6D	26KB	S20113		W56HZV	\$	749.00	
060011													
										TOTAL	\$	7,490.00	
SERVICE										ACCOUNTING		OBLIGATED	
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION						STATION	AMOUNT			
Army	AA		97	X4930AC9D	6D	26KB	S20113		W56HZV	\$	7,490.00		
										TOTAL	\$	7,490.00	